PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Traemark Office; U.S. DEPARTMENT OF COMMERCE
d to a collection of information unless it displays a valid OMB control number.

Officer the Paperwi	OIK REGUCTION AC	. OI 1330, IIC	person are r	equired to	respond to a collection				control fidinger.	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008						T 7.	lete if Known			
					Application Num		/534,799-Conf. #8682			
					Filing Date		ovember 21, 2005			
					First Named Inv		oshikazu YOSHIDA			
					Examiner Name B.		. J. Sines			
X Applicant claims small entity status. See 37 CFR 1.27					Art Unit		<u>'97</u>			
TOTAL AMOUNT OF PAYMENT (\$) 870.00				Attorney Docket	No. 02	234-0487PUS1				
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of Credit any overpayments Credit any overpayments										
FEE CALCULATION										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
		FILING		SE.	ARCH FEES	EXAMINA	ATION FEES			
Application Type	For		nall Entity Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fags I	Paid (\$)	
Utility		10	155	510	255	210	105	1000	414 (4)	
Design		10	105	100	50	130	65			
_		10		310	155	160	80			
Plant	_	-	105							
Reissue		10	155	510	255	620	310			
Provisional	_	10	105	0	0	0	0			
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)										
Fee DescriptionFee (\$)Fee (\$)Each claim over 20 (including Reissues)5025										
Each independent claim over 3 (including Reissues) 210									105	
Multiple dependent claims 370									185	
,					Paid (\$)	Mul	tiple Depende	nt Claims		
5 -20 = x =					, , ,	Fee (\$) Fee Paid (\$)				
HP = highest number of total claims paid for, if greater than 20.										
Indep. Claims Extra Claims Fee (\$) Fe			Fee	Paid (\$)	•			_		
2 -3 = x =										
HP = highest number of independent claims paid for, if greater than 3.										
3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
100 = /50 = (round up to a whole number) x =										
4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 405.00 2253 Extension for response within third month 465.00										
					CPS100 WIGHT	a monat				
SUBMITTED BY Registration No. 22 494 Telephone (709) 205 8000										
Signature	the	it	ve_	·	(Attorney/Agent)	32,181	Telephone	(703) 205-8000		
Name (Print/Tyne) M	arc S. Weins	·r					Date	July 10	2008	